

SENATE BILL 1170

By Hensley

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 63 and Title 68, relative to palliative care.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 4-29-240(a), is amended by inserting the following language as a new subdivision:

() State palliative care and quality of life task force, created by § 63-32-101;

SECTION 2. Tennessee Code Annotated, Title 63, is amended by adding the following language as a new chapter:

63-32-101.

There is created in the department of health a state palliative care and quality of life task force, referred to in this chapter as the "task force".

63-32-102.

(a) As used in this chapter, "palliative care" is an approach that improves the quality of life of patients and their families facing the problem associated with chronic life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Palliative care includes, but is not limited to:

- (1) Discussions involving a patient's goals for treatment;
- (2) Discussions involving treatment options that are appropriate to the patient, including, where appropriate, hospice care; and
- (3) Comprehensive pain and symptom management.

(b) As used in subsection (a), "appropriate" means consistent with:

- (1) Applicable legal, health, and professional standards;

- (2) A patient's clinical and other circumstances; and
- (3) A patient's reasonably known wishes and beliefs.

62-32-103.

The purpose of the task force is to consult with and advise the department of health on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in this state.

63-32-104.

(a) The task force shall be composed of nine (9) members to be appointed by the commissioner of health as follows:

(1) One (1) person with interdisciplinary palliative care medical, nursing, social work, pharmacy, and spiritual professional expertise;

(2) One (1) person with experience as a patient and family caregiver;

(3) One (1) person from the department of health with knowledge of palliative care;

(4) Two (2) health professionals with palliative care work experience and expertise in palliative care delivery models in a variety of inpatient, outpatient, and community settings involving diverse patient populations;

(5) Two (2) hospice and palliative medicine physicians certified to practice in this state; and

(6) Two (2) hospice and palliative medicine nurses certified to practice in this state.

(b) In appointing members to the task force, the commissioner shall strive to ensure that the task force is composed of people who are diverse in professional or educational background, ethnicity, race, gender, geographic residency, heritage, perspective, and experience.

(c)

(1) Task force members shall each serve three-year terms, to be staggered by the commissioner.

(2) A vacancy on the task force, which may occur from any cause, shall be filled by appointment by the commissioner for the unexpired term and in the same manner as appointments are made under this section.

(d) The members shall elect a chair and vice chair, whose duties shall be established by the task force.

(e) The commissioner shall fix a time and place for regular meetings of the task force, which shall meet at least twice each year.

(f) Task force members shall serve without compensation but shall be entitled to reimbursement for travel expenses, to be paid in accordance with the comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

62-32-201.

There is established a statewide palliative care consumer and professional information and education program in the department of health, referred to in this part as the "program".

62-32-202.

The purpose of the program is to maximize the effectiveness of palliative care initiatives in this state by ensuring that comprehensive and accurate information and education about palliative care is available to the public, healthcare providers, and healthcare facilities.

62-32-203.

The department of health shall publish information about palliative care and available resources relating to such care on its website, including links to external

resources about palliative care for the public, healthcare providers, and healthcare facilities. The information and resources shall include, but not be limited to the following:

- (1) Continuing educational opportunities for healthcare providers;
- (2) Information about palliative care delivery in the home, primary, secondary, and tertiary environments;
- (3) Best practices for palliative care delivery; and
- (4) Consumer educational materials and referral information for palliative care, including hospice.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.